



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
227 FRENCH LANDING, SUITE 300  
HERITAGE PLACE METRO CENTER  
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF MEDICAL EXAMINERS  
TENNESSEE COMMITTEE FOR ACUPUNCTURE  
(800) 778-4123, ext. 24384 or Local (615) 532-3202, ext. 24384  
[www.tennessee.gov](http://www.tennessee.gov)

APPLICATION INSTRUCTIONS FOR LICENSURE AS AN ACUPUNCTURIST  
APPLICATION CHECK SHEET

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Committee.**

**Licensure by Diplomatic Status:**

**Done**

1. Complete, sign, have notarized and mail the application pages 1 through 6. \_\_\_\_\_
2. Attach to the application a clear, recognizable, recently taken passport size photograph of yourself. \_\_\_\_\_
3. If you are or have ever been licensed, certified, registered, or permitted by any state or country to practice as an acupuncturist or other health professional, you must complete and mail **Attachment 1** to each and every state. Copies of **Attachment 1** may be duplicated to accommodate each request. \_\_\_\_\_
4. Submit two (2) original letters of recommendation from medical professionals who can attest to your character as an acupuncturist. These letters must be written within the preceding 12 months, identify the individuals as medical professionals, and **must be originals** on the signator's letterhead. \_\_\_\_\_
5. Attach to the application a check or money order in the amount of \$760.00 made payable to the Tennessee Committee for Acupuncture. \_\_\_\_\_
6. Cause to be submitted directly from NCCAOM proof of current diplomate status. \_\_\_\_\_
7. Cause to be submitted directly from the post-secondary acupuncture program proof of completion of a three year post-secondary training program or college acupuncture program. Complete and mail **Attachment 2** to program attended. The institution is to send verification of your attendance directly from the training program or college Administrative Office to this office. \_\_\_\_\_
8. Provide proof of successful completion of NCCAOM-approved clean needle technique course sent directly from the course provider to the Administrative Office. \_\_\_\_\_

## **Licensure by Grandfather Clause**

**Done**

Any person is eligible to receive a certificate upon compliance with all of the items 1 through 5 (from page 1) only and upon further showing satisfactory proof of one of the following:

1. Tennessee residency on January 1, 2001, and successful completion of an approved apprenticeship or tutorial program that meets NCCAOM standards. \_\_\_\_\_
  - a. Tennessee Residency may be proven by submission of a copy of either a voter registration card indicating residency in Tennessee prior to January 1, 2001 or a Tennessee driver license issued prior to January 1, 2001. \_\_\_\_\_
  - b. All documentation to support the apprenticeship or tutorial program and how it meets NCCAOM standards must be sent directly from the program or NCCAOM to the Administrative Office. \_\_\_\_\_
2. Continuous practice of acupuncture in Tennessee since January 1, 2001, and having a license/certificate in good standing to practice acupuncture in another state immediately prior to practicing in Tennessee. \_\_\_\_\_
  - a. Continuous practice in Tennessee since January 1, 2001 may be proven by submission of either of the following:
    - (i) Photocopies of paycheck(s), paycheck stub(s), or Internal Revenue Service (IRS) Forms W-2, 1099-Misc., or Schedules C or C-EZ for IRS Form 1040 to verify proof of income from the practice of acupuncture; or \_\_\_\_\_
    - (ii) Notarized letters from two (2) individuals other than family members attesting to the applicant's continuous practice. \_\_\_\_\_
  - b. A certificate of licensure/certification in good standing in another state must be submitted directly from that state licensure/certification agency to the Administrative Office and show a date of issuance prior to the date on which the applicant commenced practice in Tennessee. \_\_\_\_\_

## **Licensure by Reciprocity**

**Done**

To become licensed in Tennessee based on licensure or certification in another state, an applicant must cause to be submitted to the Administrative Office all of items 1 through 8 (from page 1) except item number 6 and show proof of licensure or certification in another state that has licensure or certification requirements substantially equivalent, as determined by the committee, to the requirements of T.C.A. 63-6-1001, et seq. Please submit a copy of the rules in place when licensure or certification was awarded. \_\_\_\_\_

## UNDERSTANDING THE APPLICATION PROCESS

**If an address change occurs at any time, you must notify the Committee's administrative office, in writing, immediately.**

1. All application fees and provisional licensure fees are non-refundable.
2. All documents and fees required to be submitted by you or which must be requested from the appropriate institutions in this application process, must be mailed directly to:

Committee for Acupuncture  
227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37243

For Federal Express or Special Courier:  
Committee for Acupuncture  
227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37228

3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Committee asks that you please give the administrative office every consideration in this matter.
4. If necessary documentation has not been received when your application has been received by the Committee's administrative office, an initial deficiency letter will be sent to you. The supporting documentation requested in the letter must be received in the Committee's administrative office sixty (60) days from the date of the initial deficiency letter. Files not completed within sixty (60) days will be closed.
5. Absent any complicating factors, the average application processing time is six weeks. Once the application is completed, your file will be promptly reviewed and an initial certification determination made. You will be promptly notified by letter of the initial determination. If your application is approved you will be able to view certification approval on the Internet at [www.tennessee.gov](http://www.tennessee.gov).
6. It is recommended that you do not make arrangements to accept employment as a Licensed Acupuncturist in Tennessee until you are granted a license by the Committee for Acupuncture. When a license is granted the only title you may use is Licensed Acupuncturist.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

ATTACH A  
CURRENT FULL-  
FACE  
PHOTOGRAPH



FOR OFFICIAL USE  
ONLY

2483-001 \$750.00  
2483-006 \$ 10.00  
\$760.00

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APPLICATION FOR  
LICENSED ACUPUNCTURIST

Please **check** the appropriate category for which you are applying:

☐ License by Diplomate Status

☐ License by Grandfather Clause

☐ License by Reciprocity

PERSONAL INFORMATION

PLEASE PRINT IN INK

Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security Number: \_\_\_\_\_ - - Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Zip \_\_\_\_\_

Phone: Home: ( ) Office: ( )

Place of Birth: \_\_\_\_\_ Sex: (optional, for statistical purposes only)  
Female \_\_\_\_\_

U.S. Citizen: Yes \_\_\_ No \_\_\_ Male \_\_\_\_\_

Have you been known by any other name? Yes \_\_\_ No \_\_\_

If yes, list names: \_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of [this page](#) if you need additional space.

From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	Educational Institution/Location	Degree Earned
From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	Educational Institution/Location	Degree Earned
From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	Educational Institution/Location	Degree Earned
From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	Educational Institution/Location	Degree Earned

Please complete your entire employment history starting with the most current position first. Use the back of [this page](#) if you need additional space.

### DATES

### LOCATION

### POSITION AND DUTIES

From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	(Name of Location)	_____
				(City) (State)	_____
From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	(Name of Location)	_____
				(City) (State)	_____
From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	(Name of Location)	_____
				(City) (State)	_____
From:	_____	To:	_____	_____	_____
	Mo/Yr		Mo/Yr	(Name of Location)	_____
				(City) (State)	_____

## LICENSURE INFORMATION

List below all states, countries or provinces in which you have ever been or currently are licensed, permitted or certified to practice acupuncture. Submit a copy of **Attachment 1** to all such states, countries, or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below **ALL** states, countries or provinces in which you hold or have ever held a license, certification or permit as a health professional other than acupuncture. Submit a copy of **Attachment 1** to all such states, countries or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

STATE	PROFESSION	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## COMPETENCY INFORMATION

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** If any answers to the questions in this part are in the **affirmative**, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
  - a. The cognitive capacity to exercise reasoned professional judgments and to learn and keep abreast of developments in your profession; and
  - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
  - c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

### QUESTIONS

**YES NO**

- |  |       |       |
|--|-------|-------|
| 1. Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?   | _____ | _____ |
| a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?  | _____ | _____ |
| b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? | _____ | _____ |

*[IF you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]*

# **COMPETENCY INFORMATION continued**

	<b>YES</b>	<b>NO</b>
2. Do you currently use chemical substances?	_____	_____
If yes, do they in any way impair or limit your ability to practice your profession with reasonable skill and safety?	_____	_____
Please list: _____ _____		
3. Are you currently engaged in the illegal use of controlled substances?	_____	_____
If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	_____	_____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	_____
5. If you have ever held or applied for a license or certificate to practice as an Acupuncturist in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited or otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
8. Have you ever been rejected or censured by a professional society?	_____	_____
9. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against</u> you; or	_____	_____
b. Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
10. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____



**APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC**

**AFFIDAVIT AND RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_,  
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application and signed photos, attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the rules and regulations and agree to abide by them in the practice of my profession in the State of Tennessee.

**I HEREBY:**

**SIGNIFY** my willingness to appear to answer such questions as the Board may find necessary which may include an interview.

**RELEASE** to the Committee and Board, its staff and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice my profession.

**AUTHORIZE** the Committee and Board, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others and any other qualifications;

**RELEASE** from liability the Committee and Board, its staff and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and other qualifications for licensure.

**ACKNOWLEDGE** that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubts about such qualifications.

**AUTHORIZE** release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

**THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

Affix Seal Here

My Commission expires \_\_\_\_\_



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**CLEARANCE FROM OTHER STATE LICENSURE BOARDS**

**APPLICANT:** Please provide the information requested in the top box and then mail one form to the licensure board in EACH state where you **hold or have ever held** a license to practice any profession. (Copies of this form can be used). **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

**To Be Completed By Applicant (Please Print In Ink)**

I, the undersigned applicant, was granted a (**circle one**) license or certificate to practice \_\_\_\_\_  
(Profession)  
numbered \_\_\_\_\_ on \_\_\_\_\_ in the State of \_\_\_\_\_.  
(Date)

The Committee for Acupuncture of Tennessee requests that I submit evidence of the current status of that license or certificate in your state.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Committee for Acupuncture.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
Applicant's typed or printed name \_\_\_\_\_

**To Be Completed By Administrative Office of State Licensure Board**

Name In Full As it Appears On License/Certificate or Permit:

\_\_\_\_\_  
(First) (M.I.) (Last)

License/Certificate/Permit Number: \_\_\_\_\_ Profession: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Basis of Issuance: \_\_\_\_\_ Endorsement/Reciprocity with \_\_\_\_\_  
(Check One) (State)  
\_\_\_\_\_ Written Examination \_\_\_\_\_

Is the license currently active and registered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there any derogatory information on file? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach supporting documentation.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please mail directly to: Tennessee Committee for Acupuncture  
227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37243t

## ATTACHMENT 2

**TENNESSEE BOARD OF MEDICAL EXAMINERS**  
**(800) 778-4123 or (615) 532-3202**  
[www.tennessee.gov](http://www.tennessee.gov)

## VERIFICATION OF POST SECONDARY ACUPUNCTURE TRAINING

**APPLICANT:** Provide the information requested in the top box and then mail this form to each institution in which you received any postsecondary training. If additional forms are required, copy this one.

**Institution Administration:** I am applying for a Tennessee acupuncture license and hereby authorize you to release any and all information in your files concerning my training. I was in training at your institution as follows:

**Applicant's name:** \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

**Name of Institution:** \_\_\_\_\_ **Program Title:** \_\_\_\_\_

Applicant's Signature

Date \_\_\_\_\_

**ADMINISTRATIVE OFFICE OF TRAINING INSTITUTION. NOTE: THIS FORM MUST BE NOTARIZED.** Please complete (including questions) and return to: **Tennessee Board of Medical Examiners**

**Tennessee Board of Medical Examiners  
Committee for Acupuncture  
227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37243**

**CIRCLE ONE**

Your training program:

holds ACAOM accreditation; or

Yes      No

is in ACAOM candidacy status; or

Yes      No

meets ACAOM standards

Yes      No

Was the above program ACAOM accreditation approved at the time the applicant completed training?

Yes      No

Were there any adverse charges or actions taken during the training?

Yes      No

If yes, please attach supporting information and/or documentation.

Would you recommend the applicant for licensure?

Yes      No

Did the applicant successfully complete the program?

Yes      No

The Applicant attended the program from \_\_\_\_\_ to \_\_\_\_\_. I certify that the information on this form is true and correct.

(Mo/Yr)                      (Mo/Yr)

---

Program Director's/Dean's Signature

Date \_\_\_\_\_

Subscribed and sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public

(Affix Seal Here)

My Commission Expires:

MA/G3012365/ACU